

# **HHS Regions VII & VIII Tribal Consultation**

## **Executive Summary**

The 2011 Tribal Consultation for Regions VII and VIII was held March 24, 2011, in Rapid City, South Dakota. The primary purpose of the consultation was to allow Tribal leaders to discuss programmatic issues and overall concerns of Tribes at the local level with U.S. Department of Health and Human Services (HHS) officials. The regional session also provided an opportunity for Tribes to hear updates from HHS, discuss the updated HHS Tribal Consultation Policy, provide testimony and/or comments on topics of interest, and pose questions on issues that concern Tribal communities and members.

Cecilia Fire Thunder, Oglala Band of the Teton Nation, Pine Ridge Reservation, served as a moderator, along with Marguerite Salazar, HHS Region VIII and Judy Baker, HHS Region VII. Ms. Fire Thunder opened the meeting by calling for the Posting of Colors by the Wild Horse Butte Tokala Color Guard (accompanied by the Ateyapi Drum Group) and inviting Roger Trudell, Santee Sioux Nation, to give the opening prayer.

Mr. Trudell welcomed the group on behalf of the Santee Sioux Nation and the Great Plains Tribal Chairmen's Health Board. He stressed the importance of treaties and encouraged Federal officials to take the consultation seriously, noting that Tribes were frustrated with the lack of follow-up resulting from consultation sessions. After commenting about the lack of funding for the Indian Health Service (IHS), Mr. Trudell thanked the consultation participants for their attendance. After Mr. Trudell's remarks, Tribal leaders introduced themselves, followed by HHS Officials' introductions and introductions from audience members.

Ms. Salazar greeted the participants and recapped the comments/issues presented at the previous year's consultations, assuring the Tribal participants that their comments were heard. To that end, she directed their attention to a package that contained reports from last year. Ms. Baker also welcomed the group, as she discussed Region VII's activities and progress. Stacey Ecoffey, Principal Advisor for Tribal Affairs, HHS Intergovernmental Affairs Office, acknowledged that the consultation sessions had evolved to be responsive to Tribes. She stated that regional directors were more prominent in the Tribal communities, quarterly calls had been implemented as a way to communicate with Tribes, and a report had been issued regarding follow-up issues from the previous year. She recognized that funding levels were still a concern for Tribes, conveying expected increases and cuts in the upcoming HHS budget. After sharing revisions made to the HHS Tribal Consultation Policy and discussing the creation and work of the Secretary's Tribal Advisory Committee (STAC) and the Intradepartmental Council on Native American Affairs (ICNAA), Ms. Ecoffey informed the group about outreach and communication activities related to the Affordable Care Act (ACA).

Ms. Salazar, Baker, and Ecoffey's remarks yielded the following Tribal priorities:

1. Commitment to hold four consultations for Region VIII.
2. Ms. Baker to continue her visits to Region VII Tribes' land.

3. Regional Directors to be more prominent in Tribal communities.
4. Regional quarterly conference calls for Tribes.
5. Follow-up on issues from the previous year's consultation report.
6. Monthly conference calls on the ACA.
7. Quarterly reports on the ACA activities/updates.
8. Listening sessions on the ACA.
9. ICNAA to address Tribal access to grants.
10. Educating reviewers on what to look for in Tribal grants.

Cindy Padilla, Deputy Secretary, Administration on Aging (AoA), provided an update on the AoA. She indicated that the AoA, under Title VI, had over 240 grants that could be given to Tribes and Tribal consortiums. Noting that the long-time Director of the Office for American Indian, Alaskan Native and Native Hawaiian Programs had retired, Ms. Padilla suggested that it was a good time to look at program and see what was working well and what areas needed improvement. To that end, she said she welcomed ideas on improving the program and qualities to look for in the new director. As part of her presentation Ms. Padilla also addressed the ACA, stating that it offered new opportunities for long-term care and aging in place via home- and community-based services, support to caregivers, and an emphasis on innovation and best practices.

Dr. Yvette Roubideaux, Director, IHS, reminded the group that HHS had programs outside of IHS that could benefit Tribes and she emphasized the Department, Administration, and President's commitment to them. She acknowledged the unique and common themes raised the year before, stating that the current year was a year for action. Dr. Roubideaux highlighted proposed increases in the FY 2012 budget, while noting priorities such as contract health services (CHS), Indian Health Care Improvement funding, contract supports costs, and facilities, among other items. She also recognized the importance of behavioral health, as it topped the National Tribal Workgroup's priority list for the 2013 budget. Before ending her remarks, Dr. Roubideaux shared IHS's priorities:

1. Strengthening partnerships with Tribes.
2. Bringing reform to IHS.
3. Improving quality of and access to care.
4. Making everything transparent, fair and inclusive (including looking at the accountability of programs and staff and hearing the voices of Direct Service Tribes).

Following the updates, Tribal leaders and other consultation attendees provided comments and testimony on various topics of concern to them. Highlights of those comments included the following:

- Need for behavioral health/mental health resources.
- Concern about suicides, alcohol, and substance abuse; need for treatment centers.
- Need for cross-agency collaboration, i.e., partnerships with IHS.
- HHS funding formulas do not work for Tribes.
- Request for increased funding to IHS.
- Need for adequate dental services.
- Need for contract healthcare dollars.
- Request for follow-up regarding the Aberdeen Area investigation.
- Request for funds for wellness and fitness centers.
- CHS is a big problem.

- Tribes need training and technical assistance with grant writing and sustainability plans.
- Support for Head Start programs.
- Direct funding to Tribes/Tribes should not have to compete with states for awards.

During the lunch break, attendees could choose to attend an optional session, *Community Health Centers – Discussion*, to learn more about health centers and talk with existing Health Center Directors. Following lunch, Shelia Cooper, Senior Advisor for Tribal Affairs, Substance Abuse and Mental Health Services Administration, led the *Health, Wellness, and Behavioral Health* presentation. Specifically, Ms. Cooper discussed the Behavioral Health-Tribal Prevention Grant being proposed in the FY 2012 budget and asked for Tribes' input regarding how to distribute funds beyond the basic award, matching requirements, data collection, and other grant parameters. She also provided updates on other funding initiatives, including Garrett Lee Smith, Circles of Care, and Native Aspirations; and she assured the group that behavioral health was being addressed in various ACA components through other agencies like HRSA [Health Resources and Services Administration] and CMS [Centers for Medicare and Medicaid Services].

Sandy Naatz, Program Specialist, Administration for Children and Families (ACF), served as the presenter for the *Human Services/ACF Update* session. Ms. Naatz talked about special initiatives/cross-cutting initiatives, e.g., healthy marriage, responsible fatherhood, domestic violence. Despite adversarial relationships between professionals working in those fields, she said, ACF was working to find ways to collaborate and create bridge programs. Referring to a different initiative, Assets for Independence, Ms. Naatz indicated that the Cobell settlement could result in \$3.4 million going into Indian Country. To that end, she said the OCS [Office of Community Services] and ANA [Administration for Native Americans] would have a grant coming out on asset building; and she said free training on how to submit an application was underway. Finally, Ms. Naatz offered options, including the National Healthy Marriage Resource Center, as potential resources for Tribes. She stated that she could provide additional resource options at Tribes' request.

Judy Baker, Region VII, and Marguerite Salazar, Region VIII, served as co-presenters for the *Affordable Care Act/Indian Health Improvement Act* session. Ms. Baker provided an overview of the ACA, calling it the largest health reform since Medicare and Medicaid. She made special note of exemptions for Indian Country; and she stated that bridge programs would be in place until full implementation of the Act in 2014. For her part Ms. Salazar shared information about Let's Move Cities and Towns, an upcoming initiative to address childhood obesity. Before closing the session, Dr. Roubideaux provided an update on the IHCA [Indian Health Care Improvement Act]. She commented that IHS was taking the lead on getting provisions in place and it was seeking funding for some of its requirements. She said copies of the Dear Tribal Leader letters from July and December were housed on the IHS website; and she said the IHS was working on the access to Federal insurance provision, long-term care provision, VA provision, and it was proposing funding in the 2012 budget for youth tele-mental health projects and innovative facilities construction.

The consultation ended with additional comments from Tribal leaders and representatives, the delivery of a Tribal prayer, and a drum presentation.